Department of State Health Services

Vision

Texans have access to effectively delivered public health, mental health, and substance abuse services and all Texans live and work in safe, healthy communities.

Mission

The Texas Department of State Health Services promotes optimal health for individuals and communities while providing effective health, mental health, and substance abuse services to Texans.

DSHS Scope

DSHS administers and regulates health, mental health, and substance abuse programs. DSHS began its formal operations September 1, 2004.

DSHS Structure

The HHSC Executive Commissioner, with the approval of the Governor, appoints the DSHS Commissioner. The following divisions report to the Commissioner:

- Internal Audit;
- Office of the Deputy Commissioner for Behavioral and Community Health Services;
- Office of the Deputy Commissioner for Public Health Services;
- Mental Health and Substance Abuse Services;
- Family and Community Health Services;
- Prevention and Preparedness Services;
- Regulatory Services;
- Office of the Chief Financial Officer; and
- Office of the Chief Operating Officer.

Impact of H.B. 2292

H.B. 2292 consolidated the services of the following legacy agencies: Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, the Texas Health Care Information Council, and mental health services from the Department of Mental Health and Mental Retardation.

Chapter IX

Department of State Health Services External/Internal Assessment

The Department of State Health Services (DSHS) was created by House Bill (H.B.) 2292, 78th Texas Legislature, Regular Session, 2003. The bill transferred to DSHS the functions of the Texas Commission on Alcohol and Drug Abuse (TCADA), Texas Department of Health (TDH), Texas Health Care Information Council, and the mental health (MH) services of the Texas Department of Mental Health and Mental Retardation (TDMHMR). The DSHS began operations on September 1, 2004.

Moving forward as a single agency, DSHS follows four guiding principles to help emphasize service to the clients, patients, taxpayers, and people of Texas.

Guiding Principles

- **Sound Mind, Sound Body, Sound Environment**
  Combining public health, clinical services, mental health, and substance abuse services into a single entity reinforces the notion that wellness means both sound mind and sound body. Together with the knowledge that social and physical environments are important factors in health, this integration provides the opportunity—and the challenge—of developing systems for treating the whole person in healthy communities.

- **Prevention First; Quality Treatment When Necessary**
  DSHS is committed to helping people stay healthy. Preventing serious health problems—through tobacco cessation, effective regulation of food manufacturers, substance abuse prevention, and early identification of mental illness, for example—is a prudent investment for individuals and for the state. But when treatment is necessary, DSHS emphasizes quality and appropriateness of services to meet the need.

- **Partnerships**
  DSHS will encourage partnerships to leverage resources and maximize outcomes. DSHS works with federal partners to bring more funding to Texas, as well as leveraging the resources already coming to the state to maximize

shared goals and outcomes. Whether working with local communities to strengthen the agency's response capability for public health disasters, or improving local health care by developing Federally-Qualified Health Centers, or engaging businesses in innovative approaches to prevent obesity, partnerships can magnify what the agency could accomplish alone.

- **Local Focus**
  DSHS recognizes that "all health is local," and that lasting health improvement comes from the interests and energies of people in communities. With its leadership responsibility as a state agency, DSHS will focus on support for local solutions within a consistent statewide health system.

The material in this chapter is arranged as follows:

- Challenges and Opportunities;
- Current Activities by Goal:
  - Service Descriptions;
  - Target Populations; and
  - Other Trends and Initiatives; and
- Internal Assessment.

Challenges and Opportunities

The mission to promote optimal health for individuals and communities focuses DSHS on two key questions:

- What is the level of health of the people of Texas?
- How can the health system work best to improve that level?

Major challenges and opportunities for the department lie in understanding and addressing the disparities in health status among populations in Texas, and in improving health system integration and capacity in order to meet the needs of a growing population and to prepare for and respond to existing and emerging health threats.

Health Status Disparities

Health disparities are the "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups," according to the National Institutes of Health. Common

characteristics of these populations include race, culture, gender, age, economic status, and geographic distribution.[1] Other characteristics of these populations are social class, education, disability, and sexual orientation.

Among the demographic shifts that are happening in Texas, the racial and ethnic diversity of the population is a particularly important factor in describing the state's health now and in the future. In 2005, approximately 51 percent of Texas' 23 million residents were Hispanic, African American, or members of another minority race or culture.[2] Differences in health status among ethnic and racial groups, if left unattended, will potentially show a magnified impact as the ethnic and racial diversity of the population as a whole continues to increase.

Immunization rates, infant mortality, coronary heart disease, cancer, obesity, diabetes, HIV infections/AIDS, mental health, and substance abuse are important health indicators that illustrate health status disparities, and they suggest potential areas of investment in the future health and productivity of Texas.

Disparities in Immunizations

Childhood immunization rates are an important measure of action against preventable disease and death. Childhood immunizations include the vaccine series of diptheria-tetanus-pertussis vaccine (DtaP), polio vaccine (OPV/IPV), and measles, mumps, and rubella (MMR).

Since the mid-1990s, the Texas immunization rate for children has increased steadily. As indicated by the Texas Immunization Survey (TIS), the immunization rates among children ages 3-24 months rose from 61.9 percent in 1994 to 70.3 percent in 2000, the last year that the TIS was conducted. According to the 2004 National Information Survey, the Texas immunization rate for children age 24 months was 71.0 percent. For children ages 19-35 months the immunization rate was 74.8 percent.

Examining this data by race/ethnicity reveals disparities. Childhood immunizations rates in Texas in 2004 were 79.9 percent among Anglos (non-Hispanic Whites), and 71.3 percent for Hispanics[3] in the category for children ages 19-35 months.[4]

CDC conducts the National Immunization Survey (NIS) annually, and the results are used to estimate vaccine coverage levels for all states and some cities. The NIS

[1] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Health Disparities,"
[2] DSHS Center for Health Statistics customized data query system, projected 2005 population. http://soupfin.tdh.state.tx.us/people.htm.
[3] DSHS Immunization Branch and Centers for Disease Control. http://www.cdc.gov/nip/coverage/nis/04/tab09_24mo_iap.xls
[4] The state-level sample of this national survey was not sufficient to estimate level for African Americans. Estimate=NA (Not Available) if the unweighted sample size for the numerator was <30 or (CI half width)/Estimate >0.5 or (CI half width)>10.

data for 2004 indicate Texas' vaccine coverage level to be 69.3 percent for the 4:3:1:3:3:1 measure (4 doses of diphtheria, tetanus, and pertussis vaccine; 3 doses of polio vaccine; 1 dose of measles, mumps, and rubella vaccine; 3 doses of hepatitis B vaccine; 3 doses of *haemophilus influenzae* type B vaccine; and 1 dose of varicella vaccine). The national average for 2004 was 76 percent.

Disparities in Infant Mortality

The infant mortality rate (IMR) is the number of deaths to infants less than one year of age per 1,000 live births. Infant mortality historically has served as an important indicator of the overall health status of pregnant women and infants. In 2000, the overall IMR in Texas was 5.7 per 1,000 live births. From 1990-1999 the Texas IMR declined from 8.0 per 1,000 live births to 6.1. The rate, however, has been increasing in recent years and reached 6.7 in 2003. The IMR for African-American infants remains at more than double that for other races. In 2003, the IMR was 5.9 for Anglos, 14.2 for African Americans, 5.8 for Hispanics, and 4.8 for others.[5]

Disparities in Mental Illness

Mental illnesses are the leading cause of disability in the U.S., Canada, and Western Europe. In the U.S., mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes.[6] According to estimates by the federal government (used in conjunction with the Community Mental Health Services Block Grant), based on epidemiological catchment area studies conducted by the National Institute of Mental Health, indicate that as many as 4,057,743 Texans have a mental illness. Among those, an estimated 916,832 adults in Texas will meet the DSHS mental health priority population definition in fiscal year (FY) 2006. Among those, an estimated 441,428 are considered to be seriously and persistently mentally ill, and, therefore, to have the greatest need. That same year the potentially eligible population of children and adolescents for mental health campus and community-based programs is estimated to be approximately 278,000.[7]

In 2005, 232,980[8] persons were served in community-based mental health services. Of those, 156,293, or approximately 70 percent, were authorized for Resiliency and Disease Management (RDM), or long-term services. Those remaining received crisis services, assessment, and/or referrals.

Prevalence of mental illness varies by characteristics such as gender, ethnicity, and age. For example, nationwide nearly twice as many women as men suffer from a depressive disorder each year. However, four times as many men as women

[5] DSHS Center for Health Statistics customized data query system, Death Tables. http://soupfin.tdh.state.tx.us/deathdoc.htm
[6] http://www.nimh.nih.gov/HealthInformation/statisticsmenu.cfm accessed March 14, 2006.
[7] Estimates derived by methods prescribed by the federal government (used in conjunction with the Community Mental Health Services Block Grant).
[8] http://www.nimh.nih.gov/HealthInformation/statisticsmenu.cfm accessed March 14, 2006.

commit suicide, with Anglo males committing 73 percent of all suicides in 2002.[9] In 2004 in Texas, Anglo males committed suicide at two and half times the rate of African-American males and three times that of Hispanic males. The highest suicide rate usually occurs among persons ages 65 and over. More than 90 percent of the persons who kill themselves have a diagnosable mental health or substance abuse disorder.

Access to mental health care may also differ by demographic variables. At a time when racial and ethnic minorities comprise a substantial segment of the U.S. population and are growing rapidly, the healthcare system has not kept pace with the diverse need. As a result, minority and rural populations are often underserved or served inappropriately. The Office of the U.S. Surgeon General reports that racial and ethnic minorities are less likely than Anglos to receive mental health services, less likely to have health insurance, and more likely to receive poorer quality of care for a mental illness. Minorities are also over-represented among those who are homeless, incarcerated, or institutionalized and have mental disorders. Disparities in care also affect residents of underserved or rural areas, a group that comprises 25 percent of the U.S. population.

Disparities in Substance Abuse

Substance abuse is an illness that is progressive, chronic, and relapsing. Biological, medical, psychological, emotional, social, and environmental factors impact substance abuse and dependence behaviors. Prevalence of use numbers from adult and school surveys conducted in Texas by DSHS are used to estimate the number of persons in need of services. For FY 2006, an estimated 2.9 million individuals needed assistance for substance abuse problems. Of these persons, approximately 12 percent (an estimated 348,000) were younger than age 18.

The legacy TCADA conducted a statewide household survey of alcohol and drug use among Texas adults from July 2000 to March 2001. Among Texas adults, 65.7 percent drank alcohol, and 5.7 percent drank alcohol heavily. The percentages of heavy drinkers by race/ethnicity were 6.2 percent of Hispanics, 5.7 percent of Anglos, and 4.5 percent of African Americans. The use of any illicit drugs (e.g. marijuana, cocaine, and heroin) was 9.4 percent of Texas adults. The percentage of illicit drug use by race-ethnicity was: 10.6 percent of African Americans, 9.3 percent of Anglos, and 9.1 percent of Hispanics.

Disparities in Obesity

In the U.S., the second leading cause of preventable mortality and morbidity is the condition of being overweight or obese, to which poor nutrition and lack of physical activity contribute. A body-mass index (BMI) of 25.0-29.9 defines a person as overweight, while a BMI of 30.0 or greater defines a person as obese. The Texas

[9] http://webappa.cdc.gov/cgi-bin/broker.exe

Behavioral Risk Factor Surveillance System (BRFSS), an annual survey of Texans' behavioral health habits, calculates BMI using self-reported height and weight.

According to the BRFSS, in 2004, more than one out of every four (25.8 percent) of adult Texans were obese based on their BMI, and another 37 percent were overweight. In Texas, the rate of adult obesity varies significantly by race/ethnicity, with the highest rates reported for African Americans at 36.6 percent and Hispanics at 29.2 percent, compared with 23.2 percent for Anglos. This level of disparity by race/ethnic population was greater in Texas than in the nation overall, where the rate of adult obesity was statistically the same as the state's for Anglos (21 percent) but significantly lower for African Americans (33 percent) and Hispanics (24 percent). Both at the state and national levels the rate of adult obesity doubled between 1990 and 2002. Responses to the 2004 BRFSS indicate that the percent of Texas adults who participate in leisure time physical activity has increased and is now almost the same as that nationwide.

Among younger Texans, the 2003 Youth Risk Behavior Survey (YRBS) found that 13.9 percent of Texas high school students were overweight or obese, compared with 12.1 percent nationwide. Hispanic and African-American students were more likely to be overweight or obese than Anglo students.

Disparities in Diabetes

Diabetes is a very serious, costly, and increasingly common chronic disease. It can lead to disabling health conditions, including heart disease, stroke, kidney failure, leg and foot amputations, and blindness. If the current trend in obesity and type 2 diabetes continues, persons in the U.S. born in the year 2000 face a one-in-three chance of developing diabetes some time in their lifetime. For Hispanic females, the risk is even higher—one in two. Obesity and physical activity are two modifiable risk factors associated with type 2 diabetes.

In 2003, 5,663 deaths were directly attributable to diabetes, making it the sixth leading cause of death in Texas, as it was in 2002. In 2004, the age-adjusted death rates per 100,000 population from diabetes for African Americans (52.1) and Hispanics (47.2) were more than double that for Anglos (22.5).[10]

Disparities in Coronary Heart Disease

Coronary heart disease (CHD) results from a reduction in blood supply to the heart. Factors associated with CHD include hypertension, tobacco use, high cholesterol levels, low physical activity, poor nutrition, and second hand tobacco smoke. In 2003, CHD was the single highest killer of Texans, with 41,654 deaths. The CHD death rate per 100,000 population was 188.3 in 2003.

[10] DSHS, Center for Health Statistics, customized data query system. http://soupfin.tdh.state.tx.us/deathdoc.htm

However, the age-adjusted death rates for CHD in Texas have decreased from 202 per 100,000 population in 1999 to 166 per 100,000 population in 2003. By race and ethnicity, African Americans (211.0) had the highest rates of mortality from CHD in 2003, compared with Anglos (170.0) and Hispanics (139.3).

Disparities in Cancer

Cancer is characterized by uncontrolled growth and spread of abnormal cells at any place in the body. Although death from cancer is declining, cancer is still a serious problem. The age-adjusted death rate from cancer in Texas in 1990 was 211 per 100,000 population. This rate declined to 181 deaths per 100,000 in 2004. In Texas and the U.S., cancer is the second leading cause of death after heart disease. In 2003, cancer accounted for 21.9 percent of all deaths in Texas.

Contributors to the cancer rate are tobacco, poor nutrition, physical inactivity, obesity, and other lifestyle factors. Tobacco use is a primary contributor to lung disease, heart disease, and diseases of the mouth, breast, pharynx, esophagus, pancreas, kidney, bladder, and uterine cervix.

In 2002, 80,153 Texas residents were diagnosed with cancer. Cancers of the prostate, breast, lung and bronchus, and colon and rectum accounted for more than 50 percent of all of the 2002 cancer incidence.

By race and ethnicity, African Americans living in Texas had the highest rate of cancer in 2002. The age-adjusted rate per 100,000 population was 433.9 overall, 474.3 for African Americans, 463.6 for Anglos, 320.2 for Hispanics, and 294.8 for others.[11]

Disparities in HIV Infection/AIDS

The Human Immunodeficiency Virus, (HIV), is spread by sexual contact with an infected person, by sharing needles, by transfusion with infected blood or blood products, or by mother-to-infant transmission. At the close of 2004, 86,484 Texans had received a diagnosis of HIV infection or Acquired Immune Deficiency Syndrome (AIDS). Among Texans diagnosed with AIDS, 30,444 were still living at the end of 2004.

The number of new HIV, rather than AIDS, cases in Texas remained stable from 2000 to 2004. Following increased case reports in 2002 and 2003, new HIV case reports in Texas dropped 15 percent in 2004. Reported cases of AIDS dropped 13 percent from 2003 to 2004. In Texas, the rate of HIV cases in 2004 among African-American adults (64.4 per 100,000 population) was more than five times higher than those for Anglos (12.5 per 100,000) and Hispanics (12.1 per 100,000). Also in 2004, the AIDS rate among African Americans (52.4 per 100,000 population) was more

[11] DSHS, Cancer Registry.

than six times higher than the rate for Anglos (8.7 per 100,000) and four times higher than the rate for Hispanics (11.4 per 100,000).[12]

System Development: Capacity and Integration of Services

DSHS has the opportunity to develop a system that best serves the health of the people of Texas through the functions it performs directly, the services it provides or contracts, and the relationships it forges with other organizations. The single-agency focus on public health, mental health, and substance abuse services provides an opportunity to reconsider approaches to prevention for keeping communities and individuals healthy, and to best use available resources when treatment is necessary.

DSHS brings together different local and regional structures based on historical approaches to the services provided. The system for preventive and treatment services includes DSHS regional offices, DSHS hospitals, local mental health authorities (LMHAs), local health departments, and contracted providers. Governmental and private sector providers of whole-population and client-based services are paid through a variety of city, county, state, federal, and private funds. This system is challenged to promote the health of a growing population that is increasingly older, more likely to be uninsured, and more likely to be challenged by health disparities.

For instance, the prevalence of serious mental illness exceeds the system's capacity to provide treatment. Approximately 900,000 adults in Texas met the DSHS mental health priority population definition in 2005, and approximately 441,928 were estimated to have the greatest need according to the federally prescribed estimation methodology.[13] DSHS program service utilization data indicate that less than half of those with the greatest need received mental health services from DSHS: 186,403 adults and 43,108 children younger than age 18 received community mental health services in 2005.[14] Approximately 70 percent of those were authorized for RDM services.[15] The remainder of those served was provided assessment, crisis services, brief intervention, or referral.

People whose mental health needs cannot be met in a community setting may be referred to one of the 10 state mental health hospitals (SMHH). The role of these facilities has changed over time. Once viewed as long-term placements, these facilities are now used primarily for forensic services, acute care, and crisis stabilization. The median length of stay for adults and children in state facilities in 2005 was 15 days.

[12] DSHS, HIV/STD Prevention Program.
[13] Estimates are derived by methods prescribed by the federal government (used in conjunction with the Community Mental Health Services Block Grant).
[14] Uniform Reporting System: Table 3 (2005) as submitted per requirements of Community Mental Health Services Block Grant.
[15] DSHS: Summary of Data Sources for URS Reporting (2005).

Many communities had private psychiatric beds available to them and contracted their use for treatment of individuals with acute mental illness in the past, but since 1993 the number of available psychiatric hospital beds has decreased 45 percent, from approximately 11,000 to 6,000.[16] With the continual decline in the availability of private (for-profit and not-for-profit) psychiatric hospital beds, SMHHs are often the only choice for the care of those who require inpatient treatment.

Likewise, based on results of adult and school surveys conducted by the state substance abuse authority, approximately 2.9 million Texans have a substance abuse problem and may need some level of treatment; almost one-third of those individuals were indigent. In FY 2004, only 4.6 percent of the treatment need for adults and 6.6 percent of the treatment need for youth were expected to be met.

Effective measures to protect health and safety, such as disaster preparedness and response, emergency medical services (EMS), regulation of food safety, and radiation control, also must be aligned to how and where the population grows. And, as recent experience in mobilizing the health system for preparedness and response to hurricanes shows, these whole-population services also depend on coordination of multiple sectors at local, state, and national levels.

Poverty-related issues are epidemic among people with serious mental illness. Factors such as affordable housing, lack of transportation, and insufficient access to health and dental care are major factors affecting the quality of life and recovery potential for people with serious mental illness. The consolidation of agencies under the umbrella of the Health and Human Services Commission (HHSC) is intended to facilitate access among and between all health and human services (HHS) programs for eligible individuals.

Cohesive state and local systems will improve the interface between physical and behavioral health programs, thereby improving health and wellness for all people that DSHS serves. A cohesive local/regional structure also will improve DSHS capacity to interface with other key services within the HHSC enterprise.

Opportunities

As an administratively integrated service delivery system, DSHS is well positioned to take advantage of opportunities to address many of the challenges it is facing. It will be necessary to use available resources in the most efficient, effective manner as service demands grow with the Texas population. Many activities have already begun which use opportunities to good advantage, and more are planned for the upcoming biennium. These opportunities fall into five general categories:

- Development of a cohesive, coordinated local/regional public health system;

[16] TCADA, "Statewide Service Delivery Plan." February 1, 2004, p. 13. http://www.tcada.state.tx.us/policy_info/StatewideServiceDeliveryPlan2004.pdf (accessed March 16, 2004).

- Coordination of the health sector's response to disasters and emergencies;
- Transformation of the behavioral health system;
- Expanded focus on health promotion and disease prevention; and,
- Use of innovative business practices and technology to improve the quality, accessibility and delivery of services.

Development of Local and Regional Public Health Systems

To safeguard the health of all the people of Texas, the public health system must be able to perform its prevention, protection, and regulatory functions, and to effectively respond in an emergency or disaster. DSHS will address specific issues related to how public health functions come together in local jurisdictions in Texas, and to how local and regional systems link into a cohesive statewide system to perform the basic mission of public health practice. Issues include:

- Assuring or providing a basic level of essential public health services across Texas, and the corresponding performance standards to measure and account for effectiveness;
- The public health roles of DSHS health service regions and regional directors in:
    - Serving as local health authorities where one does not exist locally,
    - Providing/assuring local public health functions/services in conjunction with or in lieu of a local health department, and,
    - Anchoring and coordinating the portions of public health system in their respective geographic areas of Texas;
- The ability of the public health system to provide necessary levels of protection for a growing population through regulatory services; and
- The role of DSHS regions as a linkage to various local partners and sectors to maximize DSHS services in their geographic areas of the state.

Preparedness and Protection

In the event of a natural disaster, environmental accident, or natural or deliberate disease outbreak, the health of the people of Texas relies upon coordination of efforts for preparedness and response. The health system that mobilizes in disasters and emergencies includes members within Texas at state, regional, and local levels, and partnerships at the federal/national and interstate levels. Coordination depends upon a common vision of preparedness and protection in Texas and the participation of both public and private sector members of the system. Specific issues include:

- Strengthening public health systems of detection and response mobilization for population-level protection, and the distribution of resources based on risk and needs;

- Enhancing integration of state and local HHS agencies into response systems;
- Ensuring an effective mental health component of disaster response;
- Inclusive coordination of hospitals and health care facilities (including mental health services and facilities), businesses and other private sector stakeholders, and other organizations that play critical roles in readiness and response; and,
- Coordinating of health-related agencies with state and federal disaster management structures (including readiness and response for evacuation).

Behavioral Health System Transformation

Federal, state, and local resources for mental health and substance abuse may not be optimally structured at state and local levels in Texas. Opportunities exist to realign funding streams to best achieve recovery, and to serve Texans in need more effectively. The scope potentially includes hospital and community-based services, publicly funded and operated care, and other components that can contribute to realizing a vision of behavioral health system transformation that improves the mental health of all Texans. Specific projects include:

- Community mental health and substance abuse service delivery systems;
- Coordination of behavioral health and primary care services;
- Expansion and improvement of coordination among the criminal and juvenile justice systems and mental health services;
- Interface with other state agencies that provide mental health services through alternate funding streams;
- Mental health hospital capacity;
- Interface with the other systems whose costs, outcomes, and service demand are impacted by mental health and substance abuse; and,
- Increased knowledge dissemination and awareness to reduce stigma around mental illness;
- Improved public/private system coordination; and
- Emphasizes prevention and early intervention.

Many of these projects will be launched as part of the Mental Health Transformation Project, funded in part by the Mental Health Transformation State Incentive Grant, discussed later in this chapter.

Health Promotion and Chronic Disease Prevention

DSHS will spearhead efforts to prevent chronic disease by promoting healthy behaviors and the policies and environments that foster and reinforce them in schools, workplaces, and communities. Unhealthy eating, physical inactivity, and tobacco use in particular are preventable risk behaviors that contribute to the

prevalence of cardiovascular disease, cancer, and diabetes—all major causes of death and disability that can be expected to become more significant with demographic changes in Texas. Specific projects include:

- Primary prevention as a part of a comprehensive public health approach, including population-based strategies such as changing policies and environmental settings, and reaching populations at various sites like schools, worksites, health care facilities, and other community locations;
- Coordination and integration of chronic disease programs at the state level;
- Development of a statewide comprehensive plan for health promotion and chronic disease prevention with specific emphasis on eliminating health disparities and improving quality of life;
- Identification, promotion, and dissemination of evidenced-based and promising interventions, programs, policies, and strategies;
- Expanded and strengthened public-private partnerships, which are motivated to invest in a healthier population; and,
- Coordination among councils on chronic diseases to provide alignment of health promotion and chronic disease policy and strategic action among public and private sector entities.

Using Innovative Business Practices and Technologies

With an eye toward return on investment, DSHS will identify the benefits for health programs and health status (as well as the administrative efficiencies for the department), which could be realized through adoption of modern business practices and technologies. With agreement among partners on priorities and feasibility, DSHS will investigate technologies that can improve agency productivity and administrative efficiencies, improve data for policymakers, and improve the quality, accessibility, and seamless delivery of direct patient care and direct client services. Specific opportunities related to technology include:

- Electronic medical records and telemedicine capacity for client services in provider organizations, such as state mental hospitals and substance abuse providers.
- Technology as an indispensable tool that enhances worker productivity, facilitates communication and effective decision-making, and provides access to a wide range of information that is not readily available through non-electronic means.
- Access to DSHS services and information for the public using electronic communication channels (E-Government).
- Impact of technology investments on critical health service functions, in areas such as:
    - Community-level health records, compiling data that allow regular, routine assessment of health conditions and other health status measures in aggregate populations;

- Syndromic surveillance, in which data from a wide variety of sources are sent to a centralized database to identify trends or population-based anomalies that could signal an impending public health emergency;
- Internet-based database and communication tools that enable persons in an emergency setting to communicate in real-time outside the normal land-line and cell-phone methods; and
- Data warehouses that enable policy-makers to identify trends and patterns that lead to decisions targeting particular health-related outcomes.

Current Activities: Services, Target Populations, Trends, and Initiatives by Goal

DSHS Goal 1: Preparedness and Prevention Services

DSHS will protect and promote the public's health by decreasing health threats and sources of disease.

Community Preparedness

Service Description

The possibility of biological threats, whether naturally occurring or deliberate, challenges the state in two ways: preparedness and response. Preparedness is the state of adequate preparation for a natural disaster, disease outbreak, biologic attack, or other emergency; response is the deployment of necessary resources to address the event. These two public health efforts complement one another; neither is effective without the other. Intrinsic to these two challenges, as with others associated with preparedness and prevention issues, is the need to provide health information for state and local policy decisions for health status improvement. Key to enabling policy decisions are the vital records and health registries maintained by DSHS, which describe life and health events and analyze and distribute information on health and health care.

DSHS provides statewide public health preparedness planning. The planning enhances both preparedness and responsiveness at the community level. Funding systems from the federal, state, and local levels of government facilitate the existence and maintenance of planning in preparation for and responsiveness to disaster or biologic events.

The Department coordinates the distribution of grant funds from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) to the statewide network of local and regional health departments for the following purposes:

- Developing, implementing, and evaluating preparedness and response planning;
- Enhancing surveillance, epidemiology, and laboratory capacities, establishing and maintaining the Health Alert Network (HAN), and developing and implementing effective risk communication strategies;
- Assessing, coordinating, delivering, and evaluating workforce development packages to key public health professionals, infectious disease specialists, emergency personnel, and other healthcare providers; and
- Supporting and readying hospitals and health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

DSHS has developed model standards and guidelines to help local jurisdictions prepare emergency response plans with mitigation, preparation, response, and recovery elements. As part of this effort and the State Emergency Management Plan, DSHS maintains operational policies and procedures, guidelines, and instructions for the integrated management of health and medical services after a disaster.

Finally, emergency response includes the DSHS Texas Critical Incident Stress Management (CISM) Network that is a key component of the Texas Crisis Consortium, which responds to disasters and to the mental health needs of victims and first responders. The Texas CISM network was established in 1992 to assist emergency service personnel, including dispatchers, who have helped with a critical incident such as line-of-duty death, death of a child, or multiple casualty and fatality scenes.

Target Population

Community preparedness serves the entire Texas population. Preparedness activities focus on local public health disease surveillance and response capabilities including establishing surge capacity in medical facilities. First responders at state and local levels—including firefighters, EMS workers, paramedics, nurses, volunteers, and law enforcement officers—are the primary audience for CISM training programs.

Health Promotion and Disease Prevention

Service Description

Preventing and controlling the incidence and prevalence of disease are addressed through DSHS support for health promotion, health education, and risk reduction. Services include disease registries, surveillance activities, epidemiology, prevention, and control activities. Surveillance provides the means to monitor health trends and disease threats, including:

- Incidences of infectious diseases, such as HIV, sexually transmitted diseases (STDs), tuberculosis (TB), hepatitis A, B, and C viruses, vaccine-preventable diseases, and foodborne diseases;
- Incidences of other adverse health conditions, such as cancer, birth defects, injuries and trauma, child lead, and occupational conditions; and,
- Incidences of terrorism or preparedness-related events, such as poisonings and investigation of environmental health threats.

Prevention activities use these data to target populations at risk for diseases, injuries, or other unwanted health consequences. The Abstinence Education Program addresses teen sexual activity. There are a variety of other approaches used by DSHS, including Family Planning Services, and Maternal and Child Health Services within the Division of Family and Community Health Services, and HIV/STD prevention services within the Health Promotion Unit of the Prevention and Preparedness Division. The abstinence program, in particular, provides education via contract services to priority populations in order to prevent teen pregnancy and STDs. Priority populations include youth, parents, and health professionals.

Abstinence Education Program services are designed to:

- Decrease the pregnancy rate among teens;
- Reduce the proportion of adolescents engaged in sex;
- Reduce the incidence of STDs in adolescents; and,
- Increase the number of youth and adults served through abstinence education.

Currently, 38 contractors across the state implement abstinence-only curricula for at-risk youth, both in and out of school. Programs are also provided for parents and health professionals. Contractors include community-based organizations, faith-based organizations, schools, and health departments.

The immunization activities of DSHS improve the quality of life and life expectancy by achieving and maintaining an environment free of vaccine-preventable diseases. Vaccines are a cost-effective public health disease control measure. Provider and community education campaigns enhance awareness of vaccine-preventable diseases and the importance of immunizations. DSHS continues to launch an

aggressive media campaign in four major urban markets to increase public awareness of immunizations and to raise vaccine coverage levels.

Zoonosis control (prevention of transmission of diseases in animals to humans) protects the public's health. Services include the operation of surveillance systems for zoonotic diseases and the typing of rabies variants; assistance to communities to conduct zoonotic disease investigations; and the development of effective detection strategies for plague, rabies, and other zoonotic diseases, such as West Nile virus.

The HIV prevention services at DSHS include: Health Education and Risk Reduction (HERR), Prevention Counseling and Partner Elicitation (PCPE), and public information.[17] The goal of the HERR component of prevention is to educate persons at high risk for HIV, including teens, about disease transmission, to assist them in establishing realistic and personalized risk reduction plans, and to provide them with the skills and practice of these skills necessary to prevent transmission of HIV. The Department provides PCPE services throughout Texas by contracting with local health departments and community-based organizations. The focus of prevention counseling is on developing prevention goals and strategies with the client rather than simply providing information. The distribution of public information assists communities and individuals informed about the current trends in HIV prevention and control. In addition, other significant HIV activities include early diagnosis, treatment, provision of medications based on recertification of clients and available formulary, and community-based clinical and social services. HIV testing is conducted using a protocol-based approach, which includes the development of a risk-reduction plan addressing specific risks of the individual.

Efforts to prevent and control TB include the provision of guidance and support to local health departments on how to conduct targeted testing, perform contact investigations, and conduct outbreak investigations. The TB activities involve working with partners and community-based organizations to establish TB screening programs that target high-risk populations in areas with a high prevalence of TB and to educate the public on how to prevent TB.

The registry for Infectious Disease Epidemiology and Surveillance (IDEAS) tracks trends in infectious disease incidence, detects and responds to outbreaks of infectious diseases and newly emerging infectious diseases, and identifies high-risk populations.

Community health interventions promote health and prevent incidences of chronic disease or other unwanted health consequences. Specific activities include educating individuals on healthy life choices (e.g., physical exercise and dietary habits), community outreach, and clinical preventive services. Specific chronic diseases addressed include cardiovascular disease, cancer, diabetes, Alzheimer's

[17] TDH, "HIV/STD Annual Report 2002." http://www.tdh.state.tx.us/hivstd/legislature/2002.pdf (accessed April 27, 2004).

disease, arthritis, and teen pregnancy. To address these health issues, DSHS engages in the following activities:

- Surveillance and evaluation;
- Community and policy development;
- Health care improvement;
- Health education and community outreach; and
- Prevention interventions targeted for reducing tobacco use, improving nutrition, and increasing physical exercise.

Target Population

The DSHS activities for controlling and preventing the spread of infectious diseases, chronic diseases, and other unwanted health consequences target the entire population of Texas, including public and private providers and specific populations at increased risk.

Nutrition, Physical Activity and Obesity Program

Service Description

The Nutrition, Physical Activity and Obesity Program (NPAOP) is a population-based program. It administers a cooperative agreement from the CDC to address the obesity epidemic, monitors the nutrition and physical activity status of Texans to identify emerging problems, provides training and technical assistance to health professionals, and facilitates community-based coalition development.

Target Population

The NPAOP program works with communities throughout the state.

Children with Special Health Care Needs

Service Description

The Children with Special Health Care Needs (CSHCN) Services Program supports family-centered, community-based strategies for improving the quality of life for children and their families. The CSHCN Services Program covers health care benefits for children with extraordinary medical needs, disabilities, and chronic health conditions who are not eligible for such coverage through another payer and who meet the program's age, residency, medical, and income eligibility requirements.

Health care benefits include a broad array of medical care and related services. The program contracts with community-based organizations in many parts of the state to

provide case management, family supports, community resources, and clinical services to children with special health care needs and their families. The CSHCN Services Program also provides case management services through DSHS staff based in eight regional offices. Program staff actively collaborates with consumers, providers, other state agency staff, and interested stakeholders to ensure a system of care is in place to meet the needs of children and their families, and to make progress toward the six national Title V outcomes for children with special health care needs as part of the President's New Freedom Initiative.

Target Population

CSHCN serves children with extraordinary medical needs, disabilities, and chronic health conditions, and their families, who are not eligible for coverage through another payer and who meet the program's age, residency, medical, and income eligibility requirements.

Kidney Health Care

Service Description

The Kidney Health Care (KHC) Program provides medical, drug, and transportation services to persons who have end-stage renal disease (ESRD) or who have received a kidney transplant. The Texas Diabetes Council (TDC) and the DSHS Diabetes Program both actively support the prevention of kidney disease and ESRD by disseminating standards of care, physician and patient educational materials, and treatment algorithms to improve the care of patients with diabetes and to prevent or delay the onset of complications. Community-based education and outreach programs are also funded to help prevent complications among people with diabetes. TDC participates in the Texas Renal Coalition, which is developing a statewide communication campaign, physician education, and community outreach to decrease the increasing rates of ESRD. Medical services (dialysis and access surgery) are provided through contractual agreements with hospitals, dialysis facilities, and physicians. The KHC Program provides payment for covered outpatient drugs, medical services, and limited reimbursement for travel to receive services. In addition, the program pays monthly premiums for Medicare Parts A and B for eligible Medicare recipients.

Target Population

The Kidney Health Care program serves Texans with ESRD.

Laboratory Support

Service Description

The function of laboratory support at DSHS is to provide the residents of Texas and other customers with analytical, reference, research, training, and educational services.

Laboratory support includes the following services:

- Providing analytical testing and screening services for children and newborns;
- Providing Women's Health Laboratory specialty services for preventive women's health and infectious disease screening, and serving as a resource for the education and training of laboratory professionals;
- Providing diagnostic, reference, and surveillance testing for physicians, hospitals, reference laboratories, and DSHS programs in the sciences of microbiology;
- Providing analytical chemistry support to the U.S. Environmental Protection Agency Safe Drinking Water Program and to other programs supporting public health environmental programs;
- Providing quality assurance and oversight to all laboratory testing;
- Certifying milk testing; and
- Serving in the Preparedness Laboratory Response Network.

Target Population

The laboratory services of DSHS exist to serve all Texans.

Regional & Local Public Health Services and Systems

Service Description

DSHS responds to local needs through interaction with local governments' public health agencies, DSHS health service regions, and local communities in building and maintaining capacity to provide essential public health services addressing local concerns. Additional functions include the provision of continuing education to the public health workforce and the certification of community health workers, instructors, and training programs.

The purpose of the local and regional public health system is to safeguard the health of all the people of Texas by performing its prevention, protection, and regulatory functions, and effectively responding in an emergency or disaster. Acting in the absence of local health departments or authorities, DSHS health service regions carry out critical local functions related to public health preparedness and essential services, as well as work toward reducing or eliminating health disparities in the

state. A number of priority public health issues are addressed by the regional and local public health system, including: activities associated with the assessment of health disparities, health education, and promotion; working with communities and local officials on building local public health services; enforcing local and state public health laws; identifying populations with barriers to health care services; and evaluating public health outcomes.

Target Population

The local and regional public health system serves all Texans.

DSHS Goal 1 Trends and Initiatives

Preparedness Training

In FY 2004, DSHS conducted a series of regional tabletop and functional exercises to test and evaluate the planning efforts for regional preparedness, which was coordinated by community preparedness staff at DSHS, the National Emergency Response and Rescue Training Center, and the Texas Engineering Extension Service. These exercises involved a variety of participants, including councils of governments (COGs), local health departments, LMHAs, hospitals, local emergency management coordinators, the Metropolitan Medical Response System city coordinators, and other local officials. The results of the exercises provided information to assess how well the preparedness response system worked. On the basis of the training accomplished in 2004, a full-scale Strategic National Stockpile exercise was conducted in the Dallas and northeast Texas areas. This exercise resulted in a "Green" rating from the CDC, which permits full deployment of the SNS to Texas in the event of large-scale public health disaster.

In the future, DSHS will continue to provide a wide array of training to first responders throughout the state on such topics as critical incident stress management, emergency response plan development, and mass casualty exercise design. An increased level of public health preparedness at the community level will require more dialogue with the key stakeholders, such as the COGs, the Metropolitan Medical Response System cities, local public health departments, public health regional offices, and other government agencies.

A coordinated and unified methodology is being established to further public health preparedness regional planning, mitigation, response, and recovery initiatives. Some of these partners include the U.S. Department of Homeland Security, the Federal Emergency Management Agency, several state agencies, Metropolitan Medical Response System cities, and local communities.

Increasing Vaccine Coverage Levels

The purpose of health promotion activities at DSHS is to prevent disease in an effort to support healthy lives. Trends in immunization rates have prompted DSHS to implement health promotion campaigns.

Immunizations are a priority in Texas. The Immunization Branch implemented H.B. 1921, 78th Legislature, Regular Session, 2003, and ImmTrac, the statewide registry, continues to grow.

In the 2006-07 General Appropriations Act (Article II, Department of State Health Services, 79th Legislature, Regular Session, 2005) an exceptional item was funded to expand immunization services to include pneumococcal conjugate vaccine and to expand the availability of hepatitis A vaccine statewide.

The Immunization Branch continues to provide leadership to the state in promoting best practices in immunization services. Branch activities support and build on strategies consistent with high vaccine coverage levels:

- Promote the use of registries;
- Promote the use of reminder/recall systems;
- Promote public and provider education;
- Promote the medical home concept; and
- Promote the use of partnerships within the community to improve each of these strategies.

The Immunization Branch continues its collaborative efforts with public and private entities. Additional provider education is given during site visits performed by the Healthcare Quality Institute which contracts with DSHS to provide quality assurance site visits. The Public Information, Education, and Training Unit of the Branch is launching a media campaign in four major urban areas of the state. The Branch is partnering with Texas Health Steps (THSteps), the state's Early and Periodic Screening, Diagnosis, and Treatment program, to include immunization information in correspondence to THSteps recipients.

DSHS established a statewide immunization partnership that included public health professionals, medical professionals, the insurance industry including managed care, and members of the general public to plan a coordinated effort directed at improving vaccine coverage levels. The stakeholder work group is beginning its second year, and ImmTrac has also created a new stakeholder group comprised of physicians and other health care providers. The work group will develop a collaborative provider education and promotion plan for ImmTrac and will identify enhancements and improvements to increase the utility of the registry.

HIV/AIDS Medications

In Texas, the number of persons diagnosed with HIV/AIDS is expected to increase approximately 5 percent between years 2006 and 2010. Due to the cumulative effect of longer survival, the number of persons living with HIV/AIDS is expected to increase by 35 percent, from 56,000 at the end of 2005 to 75,600 by the end of 2010.

Quality of life continues to improve for persons with HIV disease, with advances in medical management and treatment. The antiretroviral medications reduce the likelihood of transmission of the virus as they reduce the viral count in infected individuals. Improved physical health in general correlates with better mental health. However, these concomitant gains in mental health are to some degree mitigated by the strong stigma often associated with mental health care in African-American communities and by the dwindling availability of HIV-specific mental health care as funds are re-directed to primary medical care and medications.

Costs continue to rise for the medications that have led to tremendous gains in life expectancy and quality of life. Factors driving these costs include:

- Longer use of medication regimens as patients live longer;
- Increased emphasis on HIV testing to identify those infected, which increases the number of persons receiving treatment;
- Use of more medications per person (minimum of three antiretrovirals, with some physicians prescribing four or five antiretrovirals);
- Prices of older medications increasing at a greater rate than inflation; and
- Higher prices for new medication and new formulations released in the market.

Prevention of Obesity

The increasing prevalence of overweight children and obese adults is a serious concern for Texas. More than one in four adult Texans are obese, and more than six in ten are at an unhealthy weight (overweight or obese). In Texas, 14 percent of high school students were overweight or obese in 2005. Being overweight increases a person's risk of heart disease, stroke, high blood pressure, type 2 diabetes, certain cancers, and other serious medical conditions that impact quality of life and have substantial economic consequences for the healthcare system. Based on a study by the legacy TDH and researchers from leading Texas universities,[18] obesity cost the state $10.5 billion in 2001, which included $4.2 billion in direct costs for healthcare, $5.2 billion in indirect costs due to lost productivity due to mortality, and $1.1 billion in indirect costs due to lost productivity due to morbidity. Costs of overweight and obesity could be as high as $39 billion in 2040, if population growth continues at the rates observed during 1990-2000.

[18] http://www.dshs.state.tx.us/phn/pdf/Cost_Obesity_Report.pdf

A major effort to address obesity in Texas was the creation of the Statewide Obesity Taskforce. The Taskforce developed "The Strategic Plan for the Prevention of Obesity in Texas," that communicates strategies for reducing obesity among Texans. This plan was released in April 2006.

The Nutrition and Physical Activity Workgroup (NUPAWG) continues to coordinate nutrition, physical activity, and obesity-prevention activities across programs to maximize resources and prevent duplication of efforts. In 2005, the Nutrition, Physical Activity, and Obesity Prevention Program (NPAOP) repeated the School Physical Activity and Nutrition (SPAN) survey to monitor the prevalence of overweight and at-risk of overweight among 4th, 8th, and 11th grade students. Latest results are available as of April 2006. The first SPAN survey was conducted in 2000-2001 and provided state-level data to describe the status of overweight among youth in Texas. New surveillance data will assist the state in tracking health status and creating interventions to reduce childhood obesity from 2007 through 2010.

Beginning in 2005, programs in the Chronic Disease Prevention Branch, which includes diabetes, cardiovascular disease, school health, asthma, arthritis, cancer, tobacco, nutrition, physical activity, and obesity prevention, will continue to coordinate and, to the extent possible, integrate activities that are common to all programs. It is anticipated that this coordination effort will lead to more efficient use of resources, will streamline partnership activities, and will reduce program silos. Starting first with the tobacco program and the NPAOP, program functions were combined into the Risk Reduction Group, enhancing the agency's approach to the primary prevention of obesity and other chronic diseases.

Kidney Health Care Services

From FY 1994 to FY 2004, the annual number of newly approved applicants for the Kidney Health Care (KHC) Program increased by 23 percent, from 3,524 to 4,323. Of the total clients in FY 2004, 33 percent were age 65 or older, 66 percent were ages 21-64, and less than 1 percent were 20 years or younger.

With the implementation of the new Medicare prescription drug benefit, effective January 1, 2006, the KHC Program is coordinating efforts to transition Medicare-eligible program recipients into the Medicare Part D Prescription Drug Program. Through program rule changes effective September 15, 2005, the KHC Program will work to provide limited assistance with premium and out-of-pocket expenses for products on the KHC Program formulary. KHC is providing client education through targeted media efforts and enrollment assistance services through an interagency agreement with the Department of Aging and Disability Services through the Area Agencies on Aging.

Growth of Laboratory Services and Changing Technology

The Laboratory Services Section provides a wide range of laboratory services including newborn screening, clinical chemistry, prenatal testing and DNA diagnosis,

microbiological testing, environmental testing, and the identification of bioterrorism and chemical terrorism agents. In 2005, the laboratory reported results on more than 1.5 million specimens submitted. As the population of Texas continues to grow so will the number and kinds of laboratory tests requested.

One funded initiative that will increase the number of test results generated by the Laboratory Services Section is the expansion of Newborn Screening, which was mandated by H.B. 790, 79th Legislature, Regular Session, 2005. The number of conditions to be screened by the laboratory would increase from the current seven to 26 in FY 2006. Additional tests could be added through 2011. In addition, from 2006 through 2011, the Laboratory Services Section will initiate the use of new technology, such as tandem mass spectrometry for newborn screening specimens, emerging diseases, and the identification of bioterrorism and chemical terrorism agents.

Implementation of new Laboratory Information Management Systems (LIMS) for Environmental Sciences and Clinical Chemistry and the purchase of a new Public Health LIMS will be completed in 2007. The new Clinical Chemistry LIMS will link the DSHS laboratory in Austin with the Women's Health Laboratory in San Antonio and with the South Texas Laboratory in Harlingen. The Public Health LIMS will be Public Health Information Network compliant, will interface with CDC's National Electronic Disease Surveillance System, and will provide an integrated billing system. The new technologies coupled with the new LIMS will allow the Laboratory to provide efficient, cost-effective services to the state of Texas.

DSHS Goal 2: Community Health Services

DSHS will improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.

Nutrition Services

Service Description

DSHS administers three nutrition programs: the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Farmers' Market Nutrition Program (FMNP); and the Nutrition, Physical Activity, and Obesity Prevention (NPAOP) Program.

The WIC program is primarily administered through contracts with local health departments, cities, counties, hospital districts, hospitals, community action agencies, and other non-profit entities. Women, infants, and children participating in the WIC Program receive nutrition education, breastfeeding support, referrals to healthcare, and nutritious supplemental foods. Some WIC agencies provide immunizations free of charge to WIC clients. The WIC nutrition services are

intended to be an adjunct to good health care during the critical times of a child's early growth and development, to prevent health problems such as substance abuse, and to improve consumers' health status. The WIC program strives to achieve a positive change in dietary habits with the goal that this change will continue after participation in the program has ceased.

The FMNP is administered through contracts with farmers' markets across the state. The WIC clients receive coupons redeemable at farmers' markets for fresh fruit and vegetables. Through the FMNP, DSHS promotes healthy eating.

The NPAOP Program collaborates with statewide partners to plan, implement, and evaluate community-based interventions to prevent obesity through healthy eating and physical activity.

Target Population

The WIC program and the FMNP provide services to a caseload approaching one million pregnant, breastfeeding, and postpartum women, and children younger than 5 years old who have nutrition-related problems. The NPAOP program works with communities throughout the state.

Women's Health Programs & Services

Service Description

Services for women's health are provided through a variety of programs and funding sources.

DSHS Family Planning Services administers and facilitates statewide, coordinated delivery of preventive, comprehensive healthcare services to low-income women and men to reduce unintended pregnancies, improve health status, and positively affect future pregnancy outcomes. The program also funds a variety of population-based and infrastructure-building activities, such as providing education and early intervention services to adolescent males at risk of becoming fathers, and promoting coordinated agency strategies for teen pregnancy prevention.

DSHS administers Breast and Cervical Cancer Control activities through a federal grant intended to reduce breast and cervical cancer mortality. The purpose of the grant is to assure statewide delivery of breast and cervical cancer screening, diagnostic services, case management, and surveillance services to women who are low-income and uninsured. DSHS contractors provide a variety of services, including clinical breast examinations, mammograms, pap tests, and pelvic examinations for cervical cancer screening, and diagnostic and case management services for women with abnormal test results.

Contractors include local and regional health departments, community health centers, Federally Qualified Health Centers (FQHCs), hospitals, family planning agencies, and academic institutions serving women. Contractors are responsible for assisting women diagnosed with a breast or cervical cancer who are potentially eligible for Medicaid under the Breast and Cervical Cancer Treatment Act.

The Texas Title V Program provides funds for the provision of direct, enabling, population-based, and infrastructure-building activities supporting preventive and primary care services for pregnant women, mothers, infants, children, and adolescents. Direct services are provided through contracts with health care providers across the state for family planning, dysplasia, prenatal care, well-baby care, laboratory services, and case management to families at or below 185 percent of the poverty level who are not eligible for Medicaid or the Children's Health Insurance Program (CHIP) services. The Title V Program selected contractors to provide population-based services to improve birth outcomes.

The five-year Title V Needs Assessment gathers feedback from a wide variety of stakeholders and results in a list of high priority need areas. This list provides the structure from which contracts are awarded. Priority need areas included projects addressing root causes in the following: teen pregnancy, low birth weight, sexually transmitted disease, and adequacy of prenatal care in counties identified as being at higher risk. Nine contractors were chosen to implement projects. In FY 2007, another request for funding proposals will be released, and it is anticipated that a similar number of projects will be funded in order to expand coverage to additional critical areas in Texas.

The Texas Title V Program also administers the Comprehensive Women's Health Initiative, funded by the Health Resources and Services Administration (HRSA), to develop state and local systems development to help ensure low-income women have access to comprehensive health care services.

A statewide Violence Against Women Plan (VAWP) was developed through a CDC grant. Now in the implementation phase, Title V is working with the Office of the Attorney General on a grant proposal to the CDC to implement and evaluate the VWAP and related sexual violence prevention and education activities in Texas.

Many of the Texas Title V Program's infrastructure-building and population-based activities include a focus on mental health and substance abuse. Staff works with partners throughout the agency and with external stakeholders on various behavioral health issues. Also included is the Mother-Friendly Worksite Program, a program mandated by state legislation. The program encourages employers to seek designation as Mother-Friendly Worksites for their support of employees' breast-feeding.

Title V Program also provides funds for enabling services that include translation of materials into languages other than English, outreach, case management, and the

assurance of a medical home through Title V contractors. Title V contractors and staffs provide educational and counseling services and ensure that referrals are provided as needed for medical care.

Target Population

The women's health programs serve low-income women and their families in Texas, as determined by specific programs' eligibility requirements.

Child/Adolescent Health

Service Description

Child and adolescent health services include provision of comprehensive and preventive healthcare administered through a variety of programs and funding sources. Related activities also include designing and implementing federally mandated outreach materials to educate and train parents, childcare providers, and early childhood professionals on health and safety issues.

The Newborn Screening Case Management Program provides follow-up on abnormal screens for all infants born in Texas for five disorders: phenylketonuria (PKU), galactosemia, congenital hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia. The program staff notifies providers and families of all abnormal test results and ensures additional testing as needed to make a definitive diagnosis. Early identification and treatment of these disorders can prevent mental retardation, growth problems, or premature death. As discussed above, during FY 2007, the program will include follow-up on all abnormal screens from an expanded newborn screening panel.

The Title V Maternal and Child Health Program also provides direct health care services for qualified individuals, population-based, enabling and infrastructure-building services to meet the needs of children and adolescents as identified through the Five-Year Title V needs assessment.

The DSHS Oral Health Program provides preventive dental services to children of preschool and elementary school age. Services include dental screening exams, the provision of dental prophylaxes, and topical fluoride application for preschool-age children, and the placement of dental sealants in children of elementary school age. DSHS Oral Health works collaboratively with Head Start grantees, schools of dental hygiene, faith-based organizations, community-based organizations, organized dentistry and dental hygiene, and other interested parties to leverage available resources for the provision of preventive and therapeutic dental services to the target populations.

DSHS also administers, in collaboration with HHSC, the THSteps Medical and Dental Programs. THSteps is a program for children from birth to 21 who are on

Medicaid. THSteps services include regular medical and dental check-ups and treatment for babies, teens, and young adults. This preventive focus helps to identify and prevent health and dental problems. Ongoing outreach and education efforts to both recipients and providers facilitate the capacity of communities to deliver health care services and access of recipients to services.

Services for individuals, usually provided though contracts with local agencies, include well-child care, family planning, and prenatal services as needed. Enabling services such as case management, language translation, outreach, and the assurance of a medical home through Title V contractors are also provided. Population-based and infrastructure-building activities include teen pregnancy prevention, adolescent mental health, suicide prevention, and integrated services for children's health.

The Title V Maternal and Child Health Program provides population-based services including programs that screen Texas children for health needs related to vision and hearing, spinal abnormalities, newborn hearing loss, and newborn diseases. Additionally, children's health programs promote adolescent health, car seat safety, abstinence in teens, and fluoridation of drinking water supplies across Texas.

The Case Management for Children and Pregnant Women Program provides training to approved case management providers. Regional staff provides direct case management services across the state to children with special health care needs and their families, and to children and pregnant women.

The Texas School Health Network and the School Nurse Consultants promote coordinated school health programming through the training, technical assistance, and development of local school health advisory councils. Staff provides technical assistance to communities seeking to enhance health services available in schools. Funding to establish school-based health centers is available also.

The Genetics Program contracts for direct genetic services and population-based genetic projects. Genetics staff educates healthcare providers, consumers, and the public about the benefits of genetic services.

Target Population

Child/adolescent health programs in Texas serve low-income children and adolescents, including parents as appropriate, as determined by specific programs' eligibility requirements.

Primary Health Care

Service Description

Primary Health Care ensures the delivery of basic health care services to individuals who are unable to access the same care through other funding sources or programs. These services are provided statewide through contracts with health care providers. Services must include six priority diagnosis and treatment services: emergency services; family planning services; preventive health services, including immunizations; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services. Other services may include nutrition services, health screening, home health care, dental care, transportation services, prescription drugs and devices, durable supplies, environmental health services, podiatry services, and social services. On an annual basis, contractors establish service delivery plans targeting their communities' priority health issues based on community needs assessment findings and input from community-level advisory committees.

Target Population

The program serves Texas residents at or below 150 percent of federal poverty level who are not eligible for other programs that provide the same services.

County Indigent Health Care Program

Service Description

The County Indigent Health Care Program is a health care program locally administered by counties, public hospitals and hospital districts, with program oversight assigned to DSHS. The program staff assists counties in meeting their statutory indigent health care responsibilities by providing technical assistance and state assistance funding for a portion of the counties' indigent health costs.

Target Population

The target populations are Texas residents with income at or below 21 percent of the federal poverty level and who are not categorically eligible for Medicaid.

Community Mental Health Services

Service Description

Through performance contracts with the state mental health authority (SMHA), requirements to deliver services using evidence-based models have been established. These models include Assertive Community Treatment, Supported

Employment, Supported Housing, and the Wraparound service delivery approach, including the provision of flexible community supports for children and their families. Many of these evidence-based models require collaboration with partners to be successfully implemented. Through a disease management approach, the RDM Initiative directs intensive and ongoing services to adults and children who meet the criteria for the priority population. Only services that have been demonstrated to produce successful outcomes for those with similar clinical profiles will be authorized.

Mental health services are targeted to adults diagnosed with serious mental illnesses and children and adolescents with serious emotional disorders. Community mental health services are provided via the Community Mental Health and Mental Retardation Centers; service management and oversight is provided in each local service area through performance contracts with the SMHA.

Community-based services are required and defined in the Texas Health and Safety Code, Section 534.053, as follows:

- 24-hour emergency screening and rapid crisis stabilization services;
- Community-based crisis residential services or hospitalization;
- Community-based assessments, including diagnosis services, evaluation services, and the development of interdisciplinary treatment plans;
- Family support services, including respite care, training, and flexible support for the families of children and adolescents;
- Case management services;
- Medication-related services, including prescribing of medication, medication clinics, laboratory monitoring of medications, and education on medication and mental health maintenance; and,
- Psychosocial rehabilitation programs, including social support activities, independent living skills, vocational training, and skills training for children and adolescents to learn problem solving, anger management, and social skills.

The statute further specifies that, to the extent resources are available, the following is ensured:

- That the services listed in this section are available for children, adolescents, and adults in each service area;
- That early intervention services are emphasized for children and adolescents who meet the Department's definition of being at high risk of developing severe emotional disturbances or severe mental illnesses; and
- That services listed in this section are available for defendants required to submit to mental health treatment under Texas Code of Criminal Procedure, Article 17.032 or Article 42.12.

Target Population

The adult mental health priority population consists of adults who have severe and persistent mental illnesses such as schizophrenia, bipolar disorder, major depression, or other severely disabling mental disorders and who require crisis resolution or ongoing and long-term support and treatment, and any individual who is believed to be in a crisis and requires stabilization.

The population targeted for RDM is a subset of the priority population per H.B. 2292. RDM targets those persons with schizophrenia, bipolar disorder, and other disorders that have not responded to less intensive treatment. Proper treatment of serious mental illness is resource-intensive, and RDM is intended to provide treatment in sufficient "doses" to facilitate recovery. Those who are not prioritized for RDM are eligible for crisis services and/or short-term services.

The children's mental health priority population consists of children ages 3-17 with a diagnosis of mental illness or serious emotional, behavioral, or mental disorders, and who:

- Have a serious functional impairment;
- Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
- Are enrolled in a school system's special education program because of a serious emotional disturbance.

Substance Abuse Services

Service Description

A continuum of evidence-based prevention and treatment services addresses the substance use and abuse needs of Texans. In the public sector, most services are delivered through community organizations that contract with the state to deliver prevention, intervention, and treatment services. Approximately 85 percent of Texas' funding for substance abuse services in FY 2005 was provided by federal block grant funds with federal requirements for priority risk populations. These populations include substance-abusing persons with or at risk for HIV/AIDS, substance-abusing persons with or at risk for TB, pregnant women and women with dependent children, men and women who use intravenous drugs, juveniles at risk of entering the criminal justice system, and veterans.

Outreach, Screening, Assessment, and Referral (OSAR) services identify persons with substance abuse problems, evaluate their needs and preferences, and link them with appropriate treatment and support services. These services are provided in conjunction with focused, short-term interventions to motivate and prepare individuals for treatment or self-directed change in behavior when more intensive treatment is not indicated.

An array of services is made available so that individuals and families can access the appropriate intensity and duration of care when and where required. The service continuum ranges from prevention to treatment and relapse prevention services, which are provided in inpatient, residential, and outpatient settings. Prevention services are delivered using the Institute of Medicine universal, selective, and indicated prevention classifications to target youth. Youth who are showing early warning signs of substance use/abuse and risk behaviors in which more intensive services are needed to prevent the onset of substance dependence/addiction are provided indicated prevention services. Treatment services are provided to youth and adults with a substance use disorder in outpatient, inpatient, or residential settings, with varying degrees of intensity. After intensive treatment services, less intensive services are targeted to support relapse reduction activities and recovery support.

Substance use disorders are managed through the delivery of treatment, relapse prevention, and recovery support services. Recovery support offers continuing care to persons who are completing an episode of treatment to help people achieve a long-term change in lifestyle. Relapse prevention helps clients anticipate problems they are likely to confront, identify patterns of behavior that signal relapse, and develop effective coping strategies. These services are provided by the treatment provider or as part of case management services for clients with severe substance use disorders. Other brief interventions, such as individual counseling, are also used to help people manage stressful life situations and maintain recovery.

Specialized intervention and treatment services are provided to several priority populations, including: identified substance abusers infected with HIV and persons at risk for HIV, persons who use substances and are at risk for TB, pregnant and parenting women and women whose children are in foster care; men and women who use intravenous drugs, and youth at risk of entering the juvenile justice system.

Target Population

Substance abuse prevention and treatment services are available to adult and youth populations identified as having or showing signs of a substance abuse problem. Prevention services are available to participants without regard to income. Treatment services are available to persons who meet the Diagnostic Statistical Manual version four criteria for substance abuse or dependence and are medically indigent, representing clients who are the most vulnerable and who typically have complex problems. In addition, priority risk groups are specified in state and federal law, including: identified substance abusers infected with HIV and persons at risk for HIV, persons who use intravenous drugs, and women with substance use disorders who are pregnant and/or parenting or have had their children removed from the home because of a substance use disorder.

Community Capacity Building

Service Description

DSHS provides a variety services to develop and enhance the capacities of community clinical service providers and regionalized emergency health care systems in Texas.

Increasing the numbers of health care professionals and access to health care services in medically underserved areas of Texas is the purpose of the FQHC Infrastructure Grants, which provide the resources to assist in the development of new and expansion of existing FQHCs.

In addition to this grant, the Texas Office of Primary Care oversees cooperative agreement funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration, which provides support for recruitment and retention of health professionals across the state. The program focuses on clinics that are located in health professional shortage areas and medically underserved areas. The federal funds also support activities that measure access to health care services and designate these provider shortage areas and medically underserved communities.

Other DSHS programs, such as the J-1 Visa Waiver program and the County Indigent Care Program help communities develop the capacity to provide medical services to their citizens. The J-1 Visa Waiver program places foreign physicians in medically underserved areas. Texas currently has 101 placements and 30 recommendations pending approval in FY 2006. Finally, DSHS builds community capacity to ensure the public's safety through EMS/trauma systems across the state. To ensure the availability of prompt and skilled emergency medical care across the state, regional EMS/trauma systems work to decrease mortality and improve the quality of emergency medical care to persons in need. Across the state, emergency medical care is enhanced through the administration of grant programs targeting EMS providers, regional advisory councils, and hospitals.

DSHS Goal 2 Trends and Initiatives

Integrated Health Care Initiatives

DSHS was appointed the lead agency by the Governor's office and the Mental Health Transformation State Incentive Grant (MHTSIG). Texas received one of five MHTSIGs awarded nationally by the Substance Abuse and Mental Health Services Administration (SAMHSA) in FY 2006. These grants were awarded to advance the goals of the President's New Freedom Commission. To meet the objectives of the grant, a Transformation Working Group was appointed by the Governor. All activities performed under the grant parallel activities at the federal level. Key objectives of the grant involve the development of a comprehensive statewide

mental health plan that includes all agencies that purchase, fund, or administer mental health services in the state of Texas. While many agencies address mental health service needs of their clients (e.g. criminal justice), or find their intended outcomes are impacted negatively by mental health issues among their clients (e.g. employment), or provide their services to people with mental health service needs (e.g. housing), a comprehensive, statewide, cross-agency plan has not previously been developed. A transformed system will look across agencies and funding streams to address the various needs of Texans with mental health issues.

Successful collaborations have improved the treatment of individuals with co-occurring psychiatric and substance use disorders (COPSD). Substance abuse is the most common co-morbid condition among persons with a major mental illness, affecting 25 percent of the population in Texas.[19] As part of the RDM Initiative, therapeutic teams in the community mental health and mental retardation centers are now required to include staff members who are competent in COPSD. State mental health facilities have also implemented COPSD programs as part of the inpatient treatment program.

A special initiative integrating mental health and substance abuse services is located in Dallas and six surrounding counties. Called NorthStar, the project blends Medicaid funds, mental health and substance abuse block grant funds, and state general revenue. NorthStar provides a seamless system of services to Medicaid and eligible indigent clients. It is a capitated system that provides all of the state's existing mental health and substance abuse services available to clients based on clinical guidelines and medical necessity criteria while offering the clients a choice of provider and immediate access to care. This venture, in which the substance abuse and mental health authority is separate from the provider, has received high satisfaction ratings from clients utilizing the system and enables clients to receive virtually all needed services with no waiting lists.

The Information Technology capital project, Clinical Management for Behavioral Health Services Project, is underway with goals to define consolidated business processes and to update software applications to enable successful provision of behavioral health services to Texans. This new system will provide a complete electronic health record of a client's progress through the mental health and substance abuse system to ensure continuity of care and accountability for purchased services.

Through a partnership with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), the mental health system coordinates care for persons with mental illness who become involved with the criminal justice system. As part of the MH assessment process, clinicians identify TCOOMMI clients so that the community services they receive and their clinical outcomes can be easily monitored. Collaborative efforts in this area also include the development of jail

[19] "DSHS Mental Retardation and Behavioral Outpatient Warehouse: Business Objects PM Adult Crisis Avoidance for FY2005." November 2005.

diversion strategies so that persons with severe mental illness may avoid contact with the criminal justice system where appropriate. Successful jail diversion strategies are based on a foundation of collaboration at the local level. In many areas, efforts began many years ago. Local community mental health and mental retardation centers have been contractually required to develop local plans for jail diversion, and funds have been designated to assist with the implementation of those plans.

Partnerships have also been developed for the benefit of children and adolescents. DSHS received a grant to provide leadership for advancing early intervention and prevention strategies for youth, as specified in the Texas State Plan for Suicide Prevention. Strategies are being implemented through local and state suicide prevention organizations, the Mental Health Association in Texas, and key medical facilities. TCOOMMI, the Texas Juvenile Probation Commission, and the mental health system are working collaboratively to build state capacity to provide mental health services to juvenile offenders. Additional partnerships involving children's mental health services include a partnership with DARS to build a continuum of care for young children with early onset mental health disorders and their families, and with the Texas Education Agency to develop school-based MH services.

Title V, in collaboration with the Division for Mental Health and Substance Abuse Services, provides funding for the Texas Adolescent Mental Health in Primary Care Initiative. This initiative is a public/private partnership to support increasing pediatricians' capacity to collaborate with other health care professionals, public health officials, and policy-makers to achieve positive lifestyle behaviors among youth. Using Healthy People 2010's *21 Critical Objectives for Adolescents and Young Adults* as a foundation, the Texas team developed an action plan to improve mental health among children and adolescents and to reduce mortality and morbidity related to mental illness and substance abuse. The Initiative will engage in a feasibility study to improve global understanding of: adolescent behavioral health disorders in primary care; the role of parents/caregivers, primary care providers, state authorities, and behavioral health providers; and implementing behavioral health disorder screening, assessment, and treatment for adolescents in primary care settings. The feasibility study incorporates the overall objectives of the American Academy of Pediatrics' Adolescent Health Project, including improving the health of adolescents in Texas, engaging private and public partnerships, and creating sustainable system change

Provision of Nutritional Services

The WIC program's major initiative to enhance client services and improve efficiencies at the state and local level has three components: implementation of an electronic benefits transfer (EBT) system for food delivery; a satellite communications system between the central office and local contractors across the state—a Very Small Aperture Terminal (VSAT); and enhancement/upgrade of the statewide automation system, the WIC Information Network (WIN). All of these

projects will enhance the ability of the local service providers to accommodate more clients more efficiently

Successful deployment of EBT and VSAT are critical to free up staff resources for timely development of an enhanced WIN system. The United States Department of Agriculture (USDA), WIC's federal grantor, has mandated that WIC systems migrate to meet updated USDA functional requirements for systems. Continued successful and optimal operations of WIN is critical for delivery of program food benefits to more than 860,000 clients monthly, because there is no other practical way to deliver these services.

Special Initiatives for Children and Adolescents

Teen pregnancy prevention efforts in Texas are directed toward females between the ages of 13-17, rather than the national age group of 15-19, reflecting the earlier age of marriage and family origination common in many Southern states.

Strategies being used to address teen pregnancy prevention include:

- Abstinence Education;
- Targeting funds to provide evidence-based interventions in certain areas of the state that have the highest rates of teen pregnancy and related topics;
- Funding local contractors to provide family planning services, through Titles V, X, XIX and XX, such as health risk assessment, counseling and education, screening and treatment for sexually transmitted diseases and contraception; and,
- Informing, educating and empowering young men through the contractors that work with the DSHS Male Involvement Program about health issues, particularly the prevention of HIV, STDs, and pregnancy.

Multiple divisions within DSHS have collaborated on a recently initiated Suicide Prevention and Surveillance charter. This charter involves the development of a surveillance system pilot program and suicide screening and follow-up protocols, suicide prevention training for peers and professionals, identification of approved education programs and contracting with the DSHS Regional Advisory Councils and Education Service Centers, and developing/maintaining an interagency committee on suicide prevention. Also, DSHS received a federal grant to provide screening, assessment and education in multiple health care settings. The education component includes training that will be offered to community members as well as the medical personnel to help them recognize and respond appropriately to individuals at risk for suicide. The grant serves youth ages 10-21.

The Texas Title V Program works in partnership with HHSC's Office of Early Childhood Coordination (OECC) on early childhood activities. The OECC administers the State Early Childhood Comprehensive Systems (SECCS) grant, which seeks to develop a comprehensive, coordinated early childhood service system through the development of a comprehensive state plan. The OECC is

responsible for promoting community-level support for parents of all children younger than six years old through an integrated state- and local-level decision-making process, and for facilitating a seamless health and human service delivery system to ensure that young children are prepared to succeed in school. Title V staff work closely with the OECC to help achieve its mission and to implement the SECCS Grant. The State Early Childhood Comprehensive Systems Initiative is comprehensive in design, as it addresses five major service areas in early childhood development including access to health insurance and a medical home, early care and education, mental health and social development, parenting education, and family support.

Another important initiative targeted to children and adolescents is the Texas Adolescent Mental Health in Primary Care Initiative.

Provision of Community-Based Mental Health Services

Mental illness is the leading cause of disability in the United States. This public health challenge becomes even more imperative as suicide, a devastating consequence of untreated or under treated mental illness, is the leading cause of violent death each year, surpassing the number of deaths due to homicide or war.[20] The financial cost of mental illness is estimated at $79 billion each year in the United States. The majority of this amount reflects indirect costs connected to lost productivity from related outcomes such as premature death and incarceration.[21]

According to a report by the National Association of State Mental Health Program Directors Research Institute, between 1981 and 1997, funding administered by state mental health agencies nationwide declined more than six percent.[22] One impact of reduced access to mental health services is visible in data from the criminal justice system. There are now nearly five times more mentally ill persons in the nation's jails and prisons (nearly 300,000) than in all state hospitals (fewer than 60,000).[23]

Longitudinal studies have now demonstrated that recovery from mental illness does occur, and many persons diagnosed with serious mental illness appear to recover completely. Increased awareness of the possibility of recovery has significant implications for the design and delivery of mental health services. Developing and implementing services that will support recovery and the development of resiliency is

[20] World Health Organization, "World Report on Violence and Health." 2002, Geneva: World Health Organization.
[21] Rice, D.P. & L.S. Miller, "The economic burden of schizophrenia: Conceptual and methodological issues and cost estimates," In M. Miscarelli, A. Rupp, & N. Sartorius, Eds., Schizophrenia, 1996, pp. 321-334, Chichester, UK: Wiley.
[22] Lutterman, T., Hirad, A., & Poindexter, B. "Funding Sources and Expenditures of State Mental Health Agencies," 1999. Alexandria, VA: National Association of State Mental Health Program Directors Research Institute, Inc.
[23] U.S. Department of Justice, "Mental Health Treatment of Inmates and Probationers." Washington, D.C.: U.S. Department of Justice, Office Justice Programs, Bureau of Justice Statistics. July 1999; and U.S. Department of Justice, "Mental Health Treatment in State Prisons, 2000." Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 2001.

a new goal of public mental health systems. Ongoing studies of recovery predict that more significant developments will be made in treatment and prevention strategies. For children and adolescents, meaningful advances in research in the past decade have brought new topics of inquiry to the field including: risk factors for mental, emotional and behavioral disorders/conditions, the efficacy of mental health treatments, and preventive strategies for youth.

Despite scientific advances, state of the art treatments and services are not widely available. Researchers, policymakers, healthcare providers, and individuals with mental illnesses and their families recognize that translating scientific breakthroughs into procedures and policies of everyday clinical practice is an urgent, essential, and achievable task. The Mental Health System Transformation Project (discussed elsewhere in this chapter) seeks to expand system capacity by integrating all needed services into coherent, accessible models of care, and to ensure that all public purchasers of mental health services are purchasing the types of services demonstrated to support recovery.

In an effort to manage costs, improve outcomes and increase capacity, the public mental health system developed the RDM Initiative, a system of services and supports, which provides a mechanism for systematic and efficient identification and treatment of populations with chronic conditions and/or complex needs. The RDM initiative provides a framework for long-term effective approaches to managing chronic behavioral health diseases and was implemented statewide in FY 2005.

First year statewide implementation of RDM has yielded positive outcomes. Adults who received a RDM service package in FY 2005 experienced improvement or stabilization in many life domains, ranging from functioning (78 percent) to criminal justice involvement (91 percent), with 97 percent never having spent time in crisis.[24] Likewise, children who received a RDM service package in FY 2005 experienced improvement or stabilization in several life domains, ranging from functioning (80 percent) to school behavior (92 percent) , with 98 percent never having spent time in crisis. First year results for RDM are very promising, and this will continue to be a major system initiative in the upcoming years. Shifting system orientation away from a maintenance orientation to a recovery orientation, and helping providers develop fidelity to proven models of care will require a long-term commitment.

Another significant trend in state mental health financing is the increasing role Medicaid plays in funding public mental health services. States have increased their reliance on Medicaid to leverage limited state financial resources to obtain federal funds that help pay for public mental health services. Leveraging federal funds through Medicaid increases the available resource base of mental health services, but raises a number of considerations, including reducing the capacity of the state mental health authority to implement the most effective programs and services. In addition, many indigent persons with serious mental illness have not been

[24] DSHS. "DSHS Mental Retardation and Behavioral Outpatient Warehouse: Business Objects PM Child Outcomes for FY2005." November 2005.

designated as disabled under the Social Security Administration's programs, and as a result, persons with acute rather than extended psychiatric problems are often ineligible for Medicaid. As available state resources are used to provide the state's matching portion of Medicaid, the amount available to serve persons who are not eligible for Medicaid, and/or to provide services not funded by Medicaid, decreases.

Provision of Substance Abuse Services

Reasonable access within all HHS regions is an important factor that guides the funding allocation methodology and design of the service delivery system. DSHS allocates funding for services based on population, poverty and need. As the population of Texas grows and changes, ensuring equitable access to quality substance abuse services is a trend expected to require effort into the future.

DSHS has also initiated a strategy to implement disease management and research-based practices for prevention and treatment. Through this initiative, placement criteria will provide guidance to providers for defining the appropriate array of services for clients and a utilization monitoring system will help ensure the effective movement of clients through the treatment continuum.[25]

Initiatives treating persons with co-occurring psychiatric and substance use disorders will continue to be a priority. These initiatives employ research-based methods for helping clients achieve remission or stabilization from their disorders, and. Enhancing competencies for all treatment providers is essential to accommodate the needs of persons with co-occurring disorders.

Drug courts offer a cost-effective alternative to incarceration by providing community-based treatment as a condition of probation. Participants receive a coordinated program of treatment and rehabilitation supervised by the judge and managed by a team of criminal justice and treatment professionals. H.B. 2668, 78th Legislature, Regular Session, 2003, strengthened the drug court movement in Texas and mandated that the Drug Demand Reduction Advisory Committee at DSHS take a lead role in ensuring that judges and prosecutors are advised of changes in the law and available resources, including substance abuse and ancillary services. A federal grant obtained by the agency ("Access to Recovery") supports clients by providing needed treatment or recovery support services to successfully complete their drug court program. This initiative is expected to serve as a model for further program development.

Finally, addressing substance abuse needs requires continued efforts to address the stigma of substance abuse as it relates to a host of social and other factors.

[25] TCADA, "Statewide Service Delivery Plan." February 1, 2004. http://www.tcada.state.tx.us/policy_info/StatewideServiceDeliveryPlan2004.pdf (accessed March 16, 2004).

Reduction of Tobacco Use

More than one of every five Texas adults currently smokes tobacco. Tobacco use is the single largest cause of preventable death and disease in Texas. Almost 60,000 youth in Texas become daily smokers each year, and 20,000 of them will ultimately die from smoking.[26]

DSHS has implemented a variety of initiatives to prevent tobacco use, including a public awareness education campaign focusing on tobacco prevention and the Texas Tobacco Law for teens (13-17 years old) and adults. The Texas Department of Public Safety (DPS) has partnered with DSHS to expand efforts statewide by displaying educational messages and showing public service announcements about the Texas Tobacco Law in DPS offices. With support from DSHS, several counties (including Harris, Fort Bend, Montgomery, and Jefferson) have implemented comprehensive tobacco programs where data show a 36 percent reduction in 6th-12th grade tobacco use (approximately 55,000 fewer youth tobacco users) and a 19 percent reduction in adult smokers (approximately 90,000 fewer adult smokers). Intervention strategies included community/school programs, media awareness, enforcement of tobacco laws, and implementation of cessation resources.

DSHS Goal 3: Hospital Facilities and Services

DSHS will promote the recovery of persons with infectious disease and mental illness who require specialized treatment.

State Hospitals

The state hospital system is composed of nine mental health hospitals, Waco Center for Youth, Texas Center for Infectious Disease and South Texas Healthcare System

State Mental Health Hospitals (SMHH)

Service Description

The State Mental Health Hospital system includes nine state hospitals and the Waco Center for Youth. The primary role of the SMHH system is to provide inpatient services to persons with serious mental illnesses whose needs are not being met in a community setting. Access is limited to those who do not have any other access to inpatient services because of their indigent status or because psychiatric beds do not exist in the community.

State mental health hospitals provide specialized and intensive inpatient services. LMHAs jointly plan services in each hospital's service area with the SMHH. This

[26] TDH, "Tobacco Prevention and Control, Strategic Plan 2003-2008." http://www.tdh.state.tx.us/otpc/plan.pdf (accessed May 17, 2004).

system is shaped by local market conditions, and factors including the number of admissions and type of services to be provided. A seamless interaction of hospital-based and community-based services is promoted through coordination, collaboration, and communication.

The Texas Mental Health Code, the Texas Family Code, and the Texas Code of Criminal Procedure each contain elements relating to admission or commitment of individuals to SMHHs in Texas. To implement these statutes, DSHS adopted rules, found at 25 Texas Administrative Code, Chapter 412, Subchapter D: Mental Health Services—Admission, Continuity, and Discharge. These rules provide detailed criteria for various types of admissions to SMHHs.

Target Population[27]

The SMHH admits a person who has a mental illness and either presents a substantial risk of serious harm to self or others or shows a substantial risk of mental or physical deterioration. The SMHH does not admit a person who requires specialized care not available at the SMHH, including those with an unstable medical condition that might require inpatient treatment. Special populations served include children and adolescents, physically aggressive patients, persons with mental illness who are deaf, acute and sub-acute patients, persons with co-occurring psychiatric and substance abuse disorders, persons found not guilty by reason of insanity and persons requiring competency restoration services.

The Waco Center for Youth only admits children ages 10-17 who are diagnosed as emotionally or behaviorally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a residential facility.

South Texas Healthcare System (STHCS)

Service Description

South Texas Health Care System (STHCS) coordinates, delivers, and supports needed public health services to care for patients with TB and complicating illness. Services include the following:

The outpatient component of Rio Grande State Center (RGSC)/STHCS provides a variety of services including:

- Outpatient primary care/internal medicine clinic;
- Health education on disease prevention, exercise, nutrition, and lifestyle changes;

[27] The heading “Target Population” here refers to the portion of the Texas population that is eligible to receive services from the state. For mental health services, the term “priority population” as defined in Section 531.00(f) of the Texas Health and Safety Code, Title 7, is the term used to refer to persons eligible to receive mental health services. The mental health “target population” refers to a subset of the priority population for which the Texas Legislature has targeted appropriated funds.

- Patient drug assistance program;
- Cancer screening;
- Women's health (breast and cervical control program; breast diagnostics and image studies; STD screening), diabetes, and endocrinology clinic;
- Diabetes education; and,
- Diagnostic services (radiology; ultrasonography; fluroscopy; mammography; vascular studies; IVP; PFTs/Holter Monitors; barium studies).

A number of services are also provided through contracted providers including: Adult inpatient TB services, consultations for surgery and colonoscopy laboratory services (TB microbacteriology, Public Health STDs, immununohematology, and microbiology)

Target Population

The STHCS provides outpatient care and services primarily to indigent adult residents with TB and complicating illness throughout the RGSC/STHCS four county service area (Cameron, Hidalgo, Willacy and Starr). The public health laboratory serves STHCS clinical needs and the public health needs of the Texas population for medical emergencies and bioterrorism responses.

Texas Center for Infectious Disease (TCID)

Service Description

The mission of the Texas Center for Infectious Disease (TCID) is to provide quality medical care and professional education of providers for patients with TB, Hansen's disease (leprosy), and other related infectious diseases. The TCID provides inpatient services for patients requiring long lengths of stay to complete treatment. For surgical services, intensive care, sophisticated diagnostics, advanced therapeutics, and emergency care, TCID contracts with the University of Texas Health Center at Tyler, the University of Texas Health Science Center at San Antonio, and other San Antonio-area providers. Outpatient services are provided to treat patients with tuberculosis and Hansen's disease, and complications and co-morbidities affecting treatment of those diseases.

Target Population

The Texas Center for Infectious Disease serves patients from a variety of circumstances:

- Referrals from other states with an interstate compact with Texas;
- Patients older than age 16 with a diagnosis of TB or Hansen's disease who require hospitalization or specialized services; and
- Referrals from local health departments, private providers, and local courts managing patients with infectious TB and Hansen's disease.

DSHS Goal 3 Trends and Initiatives

Administrative Consolidation

The creation of a single state hospital system under DSHS created opportunities for administrative consolidation. The South Texas Health Care System was combined administratively with the Rio Grande State Center. The Texas Center for Infectious Disease and San Antonio State Hospital have combined several administrative and operations functions. Sharing administrative functions between these adjacent facilities is one method of increasing efficiency.

Services Provided through State Mental Health Hospitals

Once considered long-term treatment facilities, state mental health hospitals (SMHH) utilization patterns have changed over time. Since 1996, SMHHs have experienced a 55 percent increase in admissions. However, those whose length of stay is 30 days or longer have decreased significantly over the same period. Because service intensity is highest upon admission, and discharge planning requires substantial effort, this trend toward shorter stays and higher admission rates has increased SMHH operating costs.[28]

The provision of specialty services has become an increasingly significant component of the service array in SMHHs for populations with specialized needs. Without specialized attention, these populations are less likely to benefit from treatment. Statewide specialty services include:

- Inpatient maximum-security facility for adolescents and adults;
- Residential services for adolescents with serious psychiatric illness;
- Specialty services for persons with a mental illness who also have significant hearing impairment; and
- Criminal court commitments—for competency restoration and for persons found not guilty by reason of insanity.

The interaction of several factors shapes the demand for and utilization of SMHH services. Demand increases in proportion to the general population. As the uninsured population increases, demand will increase further. The reduction of private psychiatric services has also caused increased demand on SMHH services. The increased demand for Competency Restoration Services (criminal court commitments) has overwhelmed the designated capacity for these type services and has reduced the systems ability to effectively provide services for civil court commitments.

[28] TDMHMR, Report Update for State Mental Health Facilities (draft), 2004. http://www.mhmr.state.tx.us/CentralOffice/ProgramStatisticsPlanning/SMHFDraft04-05.pdf (accessed June 21, 2004).

The increase in evidence-based services and the use of new generation antipsychotic medications was expected to reduce demand on SMHHs. Although data from the RDM initiative appears to indicate a reduction in demand for hospital services for those receiving RDM, other demands (increased population, higher turnover, decreased access to private psychiatric hospitals, etc.) have burdened the system.

Aging structures and physical plants in the state's hospital facilities have resulted in a backlog of maintenance needs, as evidenced by data contained in the HHSC Computer-Aided Facility Management (CAFM) system and by data from external benchmarks. Currently for SMHHs, CAFM's Capital Assets Planning System includes approximately $81 million of critical maintenance needs (system repair and replacement). Maintenance needs are prioritized, with the highest priority given to project addressing Life Safety Code issues, patient sleeping and patient-use buildings. Progress in reducing the amount of deferred maintenance has been achieved through the Energy Savings Performance Contracting initiative; however, deferred maintenance is a continuing issue as the infrastructure ages. Maintenance of adequate infrastructure is necessary for providing SMHH services.

Future Demands on the Texas Center for Infectious Disease (TCID)

TCID is impacted by new facility construction and renovations affecting both inpatient units and the women's health laboratory (WHL). The future is expected to include a continued upward trend for service demand by indigent persons who need access to medical services. Procurement of sufficient health care services will depend on the availability of adequate funding for TCID.

TCID has the capability to be used to respond to acts of bioterrorism. TCID provides first line responders with expertise in communicable disease treatment. When construction is finished, TCID will have fully isolated inpatient care units with a capacity totaling 75 beds. It is the only public facility south of San Antonio performing bioterrorism agent detection. The WHL Biological Safety Laboratory provides first-line responders with expertise in communicable disease treatment. TCID's current and future capacities should be assessed to determine if it could fully serve the southern region of Texas in the event of a bioterrorism event.

DSHS Goal 4: Consumer Protection Services

DSHS will achieve a maximum level of compliance by the regulated community to protect public health and safety.

Regulatory and Enforcement

Service Description

Regulatory services at DSHS include professional, facility, and consumer products and services licensing and standards, along with compliance and enforcement. These services protect the health and safety of consumers. Currently, the regulatory programs license, certify, or regulate 190,000 individuals and 80,000 facilities or entities.

The Department regulates approximately 2,500 health care facilities including:

- Hospitals;
- Birthing centers;
- Ambulatory surgical centers;
- End stage renal disease facilities;
- Special care facilities;
- Abortion facilities;
- Substance abuse facilities;
- Narcotic treatment facilities;
- Crisis stabilization units; and,
- Private psychiatric hospitals.

The regulatory functions involve issuing licenses, conducting surveys and complaint investigations, reviewing architectural plans, and developing, maintaining and enforcing rules based upon statutory authority. Many of these facilities participate in the federal Medicare certification program and are regulated under state licensing statutes. The overall goal of DSHS is to monitor health care delivery by regulated health care facilities to assure high quality care to the people of Texas and ensure compliance with licensing standards.

In regulatory activities, the Department surveys hospitals for trauma designation, designates regional EMS/trauma systems, and licenses emergency medical personnel and providers.

Eleven independent licensing boards are administratively attached to DSHS. These boards regulate the practices of professions, and DSHS provides the employees and administrative support for their operation. These independent boards govern the following professions:

- Speech language pathologists and audiologists;
- Athletic trainers;
- Marriage and family therapists;
- Professional counselors;
- Social workers;

- Fitters and dispensers of hearing instruments;
- Sex offender treatment providers;
- Orthotists and prosthetists;
- Dietitians;
- Midwives; and,
- Medical physicists.

DSHS governs 10 other licensing programs such as medical radiologic technologists, respiratory care practitioners, massage therapists, perfusionists and chemical dependency counselors. Along with the 11 independent boards and five 5 advisory committees, DSHS regulates more than 20 occupational programs.

Transcripts of educational courses are analyzed for appropriateness to each field of practice. Another critical part of the eligibility requirements is the satisfactorily passing of a competency examination, either developed in-house under an examination component or through a nationally recognized examination developed by a national test vendor. The DSHS audits continuing education records to review the types of courses offered and to determine whether the licensees are in compliance.

DSHS certifies and recertifies offender education programs mandated by the Code of Criminal Procedures, Texas Transportation Code, and the Alcoholic Beverage Code. The four mandated courses are DWI Education, DWI Intervention, Alcohol Education Program for Minors, and Drug Offender Education. The statutes require the Department to administer the certification/approval of the programs and instructors and to monitor, coordinate, and provide training to persons offering the education program. Each program has standardized curricula and offers administrator/instructor training in the delivery of the programs.

To protect Texas citizens, the Health and Safety Code requires the provision of a civil commitment procedure for the long-term supervision and treatment of sexually violent predators (SVP). The Council on Sex Offender Treatment, which is administratively attached to the Department, is responsible for providing appropriate and necessary treatment and supervision through the case management system. The legislature recognizes that this small but extremely dangerous group of sexually violent predators has a behavioral abnormality, which is not amenable to traditional mental illness treatment modalities and is most likely to engage in repeated predatory acts of sexual violence. Fifty-nine SVPs have been civilly committed as of January 2006.

The DSHS safeguards the public through a variety of consumer protection services. Environmental health and safety services reduce exposure to consumer, environmental, and occupational hazards. Environmental regulation includes the licensing, inspection, and monitoring of asbestos, lead, and mold abatement activities, hazardous chemicals registration, and indoor air quality related activities.

In addition, DSHS regulates the sale of bedding, toys, and playground equipment to keep Texans safe. General sanitation services, such as inspections of school cafeterias, public swimming pools, and day care centers, are critical to consumer safety. DSHS licenses, inspects, and investigates consumer complaints relating to youth camps, tattoo and body piercing studios, tanning studios, and retailers who sell products containing ephedrine or pseudoephedrine. These environmental health services include the promotion of public health and safety through an efficient and effective program of outreach, education, and enforcement.

DSHS protects Texans from the harmful effects of radiation by regulating the possession and use of radioactive materials (including nuclear medicine, industrial radiography, uranium recovery, and low-level radioactive waste storage) and radiation producing machines (including x-rays, mammography and lasers). Regulation is accomplished through licensing, inspection, and enforcement programs that maintain compatibility with federal requirements. To fulfill the requirements of a 1963 Agreement between Texas and the U.S. Nuclear Regulatory Commission, DSHS must maintain a radiation control program that is adequate to protect public safety and is compatible with the federal radiation control program.

The safety of food and drug products is the responsibility of DSHS. It performs regulatory activities to prevent the sale of contaminated, adulterated, and mislabeled foods. To protect consumers in retail food establishments, DSHS permits and inspects food service establishments and retail food stores, and works with local health departments to ensure seamless regulation. More than 15,000 food manufacturers, wholesale food distributors, and food salvagers are regulated to assure the production and sale of safe, properly labeled, and wholesome foods. Meat safety regulation ensures that meat and poultry provided to Texas consumers is derived from healthy animals and prepared in a sanitary manner. Standards for the safety of milk and dairy foods are established to eliminate health threats that are potentially transmitted by these products. The seafood program certifies and inspects molluscan and shellfish processors and shippers, tests tissue samples from fish and monitors seafood harvesting areas, and certifies Texas bay waters for safety. State regulations and standards are closely tied to FDA and USDA to ensure food products are safe and can be sold outside the borders of Texas. Drugs, cosmetics, and medical devices manufacturers, distributors and salvagers are also regulated for consumer protection.

Target Population

Regulatory services at DSHS oversee licensing, enforcement, and compliance with standards and regulations for health care facilities, credentialed professionals, and consumer safety products and services that affect the entire population of Texas.

DSHS Goal 4 Trends and Initiatives

Future Demands for Regulatory Services

The challenge for the future is to manage the growth in the number of licensees and to continue performing compliance monitoring with limited resources. As the population increases and new technologies develop, more entities and individuals will be subject to regulatory services. Though the department currently uses risk-based compliance monitoring to ensure that the most critical needs are met, the nature of the growing demand will require additional staff expertise and other capacities.

The uranium industry has indicated that based on the world-wide shortage and current purchase price there will be four to five new applications in the next 12 to 18 months. This will require significant technical evaluation in engineering, geology and health physics, and a level of staffing adequate to meet the timely processing of the expected new applications.

The complexity of the health care delivery system continues to increase with new organizational and ownership models, growth of specialty care facilities and out-patient surgical services and the increasing drain of resources by the uninsured. The regulatory structure and cost reimbursement structure is not consistent with the way health care is delivered.

There will be an ongoing challenge to ensure that our licensing, inspection and enforcement staff is adequately trained to keep up with the evolving technologies and emerging science in our areas of regulation. Emerging pathogens and the necessity to stay current with issues of risk reduction and control will require that DSHS recruit and retain qualified, competent staff for highly specialized subject matter areas.

Regulatory Automation System integrates regulatory functions and activities under one enterprise database system, and it provides cross-program coordination and promotion of online services to citizens of the state and its regulatory community. The system can be easily configured to add future enhancements such as document imaging and tablet PC functionality to make regulatory functions more efficient.

DSHS Internal Assessment

DSHS Internal Strengths

A number of strengths emerged as DSHS leadership worked to develop a unique internal culture and to ensure the organizational structure offers more convenient

access to a broader range of services that protect the public's health and supports their health needs. The structure created a more cohesive partnership between behavioral health and public health partners, providers, and contractors.

Though DSHS will continually strive to improve services and manage costs, the agency's competent and committed staff, effective client services contracting, and improved working relationships between behavioral and public health providers allowed the agency to be more client-centered and use resources more efficiently. The focus will continue to be on results and accountability.

The communication-focused culture is the core strength at DSHS. Executive leadership develops consistent and timely communication both internally and externally. Internally, a variety of methods used to communicate: newsletters, e-mails from executive management, and "town-hall" style meetings with staff generally led by the Commissioner. In addition, DSHS continues its agency-wide effort to improve the workplace based on feedback from staff, through the Employee Advisory Council, and through wellness program activities. External meetings are held with stakeholders to get their input on DSHS initiatives both in Austin and throughout Texas and a wealth of information is available through the external web site.

DSHS Internal Challenges

As with any organization, the DSHS faces challenges especially in its first years of operation. The integration of staff continues and can present cultural barriers. In addition, coordinating administrative processes across multiple agencies can present challenges in terms of timely communication and lack of clearly defined responsibilities.

The Department has been challenged with integrating technology due to the diversity and number of databases and out-of-date equipment, and has recognized the need to develop a coherent strategy to address information technology issues and to allocate information technology resources. To accomplish this, DSHS has developed the Information Resource Steering Committee to determine the overall strategic direction and identify the priorities with regard to the use of information resources. DSHS has an aging infrastructure that the agency is challenged to maintain, update, and enhance to meet the needs of clients, both populations and those provided direct services. This infrastructure consists of aging vehicles, buildings, equipment, communications and information technology. DSHS must continue to work with leadership and oversight agencies to ensure these resources are maximized and to develop a plan for aging maintenance and replacement.

DSHS Internal Opportunities

There are many opportunities for the Department to make processes more efficient through automation. By reducing the time it takes to complete administrative tasks, staff time is used more efficiently. Through the direction of the IRSC, the Department can allocate information resources to projects that will have the most overall benefit to the agency and its clients.

Chapter X: Goals, Objectives, and Strategies

Department of State Health Services

Goal 1: Preparedness and Prevention Services

DSHS will protect and promote the public's health by decreasing health threats and sources of disease.

Objective 1-1. Improve health status through preparedness and information. To enhance state and local public health systems' resistance to health threats, preparedness for health emergencies, and capacities to reduce health status disparities; and to provide health information for state and local policy decisions.

Strategy 1-1-1. Public Health Preparedness and Coordinated Services. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies. Coordinate essential public health services through public health regions and affiliated local health departments. Coordinate activities to improve health conditions on the Texas Mexico border and to reduce racial, ethnic, and geographic health disparities throughout Texas.

Strategy 1-1-2. Health Registries, Information, and Vital Records. Collect, analyze, and distribute information on health and health care, and operate birth defects, trauma, and cancer registries, poison control network and environmental investigations. Maintain a system for recording, certifying, and disseminating information on births, deaths, and other vital events in Texas.

Objective 1-2. Infectious disease control, prevention and treatment. To reduce the occurrence and control the spread of preventable infectious diseases.

Strategy 1-2-1. Immunize Children and Adults. Implement programs to immunize children and adults in Texas.

Strategy 1-2-2. HIV/STD Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.

Strategy 1-2-3. Infectious Disease Prevention, Epidemiology and Surveillance. Implement programs and develop measures to prevent, detect, track, investigate, control, or treat tuberculosis, hepatitis C, outbreaks of infectious diseases, and the spread of animal-borne diseases in humans. Administer the Refugee Health Screening Program.

Objective 1-3. Health Promotion, Chronic Disease Prevention, and Specialty Care. To use health promotion for reducing the occurrence of preventable chronic disease and injury, to administer abstinence education programs, and to administer service care programs related to certain chronic health conditions.

Strategy 1-3-1. Chronic Disease Prevention. Develop and implement community interventions to reduce health risk behaviors that contribute to chronic disease and injury. Administer service programs for Alzheimer's disease.

Strategy 1-3-2. Abstinence Education. Increase abstinence education programs in Texas.

Strategy 1-3-3. Kidney Health Care. Administer service programs for kidney specialty care.

Strategy 1-3-4. Children with Special Health Care Needs. Administer service program for children with special health care needs.

Strategy 1-3-5. Epilepsy and Hemophilia. Administer service programs for epilepsy and hemophilia.

Objective 1-4. Laboratory Operations. To operate a reference laboratory in support of public health program activities.

Strategy 1-4-1. Laboratory Services. Provide analytical laboratory services in support of public health program activities, Women's Health Services and the South Texas Health Care Center.

Goal 2: Community Health Services

DSHS will improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.

Objective 2-1. Provide primary care and nutrition services. To develop and support primary health care and nutrition services to children, women, families, and other qualified individuals though community based providers.

Strategy 2-1-1. WIC and Farmer's Market Nutrition Services. Administer nutrition services, including benefits, for eligible low income women, infants, and children (WIC) clients, nutrition education, and counseling.

Strategy 2-1-2. Women and Children's Health Services. Provide easily accessible, quality and community-based maternal and child health services to low income women, infants, children, and adolescents.

Strategy 2-1-3. Family Planning Services. Provide family planning services for adolescents and women.

Strategy 2-1-4. Community Primary Care Services. Develop systems of primary and preventive health care delivery in underserved areas of Texas.

Objective 2-2. Provide behavioral health services. To support services for mental health and for substance abuse prevention, intervention, and treatment.

Strategy 2-2-1. Mental Health Services for Adults. Assure availability of and access to appropriate services in the community for adults with serious mental illness.

Strategy 2-2-2. Mental Health Services for Children. Provide supports and services for emotionally disturbed children and their families.

Strategy 2-2-3. NorthSTAR Behavioral Health Waiver. Provide mental health and substance abuse inpatient and outpatient services using a managed care model for adults and children.

Strategy 2-2-4 Substance Abuse Prevention, Intervention, and Treatment. Implement prevention and intervention services to reduce the risk of substance use, abuse and dependency; to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services.

Strategy 2-2-5. Reduce Use of Tobacco Products. Develop and implement programs of education, prevention, and cessation in the use of tobacco products.

Objective 2-3. Community Capacity Building. To develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

Strategy 2-3-1. EMS & Trauma Care Systems. Develop and enhance regionalized emergency health care systems.

Strategy 2-3-2. FQHC Infrastructure Grants. Provide assistance to develop new and expand existing Federally Qualified Health Centers in Texas.

Strategy 2-3-3. Indigent Health Care Reimbursement (UTMB). Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.

Strategy 2-3-4. County Indigent Health Care. Provide support to local governments that provide indigent health care services.

Goal 3: Hospital Facilities and Services

DSHS will promote the recovery of persons with infectious disease and mental illness who require specialized treatment.

Objective 3-1. Provide state owned hospital services and facility operations. To provide for the care of persons with infectious disease or mental illness through state owned hospitals.

Strategy 3-1-1. Texas Center for Infectious Diseases. Provide for more than one level of care of tuberculosis, infectious diseases, and chronic respiratory diseases at Texas Center for Infectious Diseases.

Strategy 3-1-2. South Texas Health Care System. Provide for more than one level of care of tuberculosis and other services through South Texas Health Care System.

Strategy 3-1-3. Mental Health State Hospitals. Provide specialized assessment, treatment, and medical services in state mental health facility programs.

Objective 3-2. Provide private owned hospital services. To provide for the care of persons with mental illness through privately owned hospitals.

Strategy 3-2-1. Mental Health Community Hospitals. Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.

Goal 4: Consumer Protection Services

DSHS will achieve a maximum level of compliance by the regulated community to protect public health and safety.

Objective 4-1. Provide licensing and regulatory compliance. To ensure timely, accurate licensing, certification, and other registrations; to provide standards that uphold safety and consumer protection; and to ensure compliance with standards.

Strategy 4-1-1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.

Strategy 4-1-2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.

Strategy 4-1-3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.

DSHS Internal Opportunities

There are many opportunities for the Department to make processes more efficient through automation. By reducing the time it takes to complete administrative tasks, staff time is used more efficiently. Through the direction of the IRSC, the Department can allocate information resources to projects that will have the most overall benefit to the agency and its clients.